

MAY 17 2018

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LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES

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A \$200 penalty shall be assessed against any individual who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

FORM B

For New Members, Candidates, and New Employees

Name: Mary Ann Lutz

Daytime Telephone: _____

FILER
STATUS☒New Member of or Candidate for U.S. House of Representatives
State: CA District: 32
Candidates - Date of Election: November 2020☐Check if
Amendment☐New Officer or Employee
Employing Office: _____Staff Filer Type (if Applicable):
Shared ☐ Principal Assistant ☐Period Covered: January 1, _____
to _____

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:

a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or

b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

Yes ☒ No ☐

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☒ No ☐

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes ☒ No ☐

F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?

Yes ☐ No ☒

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes ☐ No ☒

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

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Use additional sheets if more space is required

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Use additional sheets if more space is required

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mary Ann Lutz

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																									
Assets and/or Income Sources		Value of Asset													Type of Income								Current Year												Preceding Year													
SP, DC, JT	ASSET NAME	None	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
JT	Buckle Inc																X																															
JT	Carlyle Group LP Com Unit LTD				X												X																															
JT	Chimera International Group						X										X																															
JT	China Mobil				X												X																															
JT	Colony Northstar Inc.				X												X																															
JT	Consolidated Communities				X												X																															
JT	Entergy New Corp				X												X																															
JT	Ford Motor Company				X												X																															
JT	General Electric				X												X																															
JT	Huan Eng Power TNIL				X												X																															
JT	JC Penny					X											X																															
JT	Life Storage				X												X																															
JT	Omega Healthcare				X												X																															
JT	Pfizer Inc.				X												X																															
JT	Seedco LTD				X												X																															

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Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Mary Ann Lutz

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board Member - Non-compensated	Boys and Girls Club of the Foothills
Officer / President - Non-compensated	Monrovia Library Foundation Board
Officer / President - Non-compensated	Foothill Unity Center
President - Non-compensated	National Women's Political Caucus, Greater Pasadena Area
Board Member - Non-compensated	Immigration Resources Center of San Gabriel Valley

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SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
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Position	Name of Organization
Member - Non-compensated	Monrovia Healing Connections
Member - Non-compensated	Monrovia Guild of Children's Hospital LA
Member - Non-compensated	Monrovia Chamber of Commerce
Board Member, Consultant - stipend	Southern California Air Quality Management Board (2017)